

2111

PLACE OF BIRTH

1. County of Gila
District of San Carlos
Town of "
or
City of " No. " St. " Ward "
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127
County Registrar No. 709
Local Registrar No. "

2. Full name of child Annie Nakiz
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other "
5. No., in order of birth yes
6. Legitimate? yes
7. Date of birth 9 10 24
Month Day Year

8. FATHER
Full name Alexander Nakiz
9. Residence (Usual place of abode) San Carlos, Ariz
If nonresident, give place and state
10. Color or race 4/4 Indian
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Farmer
Nature of industry

14. MOTHER
Full maiden name Alice Nakiz
15. Residence (Usual place of abode) San Carlos, Ariz
If nonresident, give place and state
16. Color or race 4/4 Indian
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) San Carlos
(State or country) Ariz
19. Occupation Housewife
Nature of industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead "
(c) Stillborn "
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. N. Sawyer, M.D.
Address San Carlos, Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed _____, 19____
Filed 10-6, 1924 B. G. Stewart
County Registrar.

691-910-155